·	JJL	\ ĕ	S/ Return	of-Org	anization [:]	Exempt Fr	om-in	come Ta	ax	OMB No1545-0047
lanc-t			Under section 501((c), 527, or 4	1947(a)(1) of the	Internal Revenue	Code (exc	ept private fo	oundations	2017
	ant of the	Tonasioni	▶ Do not o	enter social	l security numb	ers on this form a	s it may b	e made pှို့ပစ်ါ	ic]	Open to Public
ternal R	Sevenue :	Treasury Service	▶ Go to	www.irs.g	ov/Form990 for	instructions and	the latest	information.	201	Inspection
For	r the 20	17 calen	dar year, or tax yeaı	r beginning	2/01	, 2017,	and endir	ng 1	/31	, 20 18
Chec	ck if ap	olicable:	Name of organization	Association	n for investmen	t in Popular Action	n Commit	tees	D Employe	er identification number
Addı	ress ch	ange	Doing business as							20-5516191
Nam	ne chan	ge	Number and street (or	P.O. box if ma	all is not delivered	to street address)	Room/su	ııte	E Telephor	ne number
India	al retum	4	05 Vista Heights Ro	oad						510-236-4250
Final	d return/to	erminated	City or town, state or p	province, cour	ntry, and ZIP or fore	eign postal code				<u> </u>
Ame	ended re	etum E	El Cerrito, CA 94530						G Gross re	ceipts \$ 189107
Appl	olication	pending F	Name and address of p	onncipal office	er: Paul Larude	ee, Treasurer		H(a) is this a	group return for s	subordinates? Ves Vo
		-	05 Vista Heights Ro				~			s included? Tyes No
Tax-	-exempt		√ 501(c)(3)	501(c) (no.) 4947(a)(1) or	☐ 527)	77.		list. (see instructions)
	bsite: ▶							H(c) Grou	exemption	number ▶
Form	m of orga		Corporation Trust	Associa	tion Other ▶	LYe	ear of forma			of legal domicile: CA
Part		Summa				1				
1				tion's miss	ion or most sic	nificant activities	: We are	an all volur	nteer mem	bership organization
2 l		•	to help our commu		_	•				·
			ce issues that are k			··	Delicis, D	c awaic oi ii	iciianone	ii numan ngma u
2			box ▶☐ if the org				dienoead	of more tha	n 25% of i	ite not accote
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4			f independent votin	-						
-			•	•	_	• , ,				
5			ber of individuals e		-	•	•		. 5	
6			ber of volunteers (e						. 6	
			ated business reve		=				. 7a	
ᆜ	b N	et unrela	ted business taxab	ole income	from Form 990)-T, line 34	· · · · ·	<u> </u>	. 7b	
1								Prior Y	ear	Current Year
8	B C	ontributio	ons and grants (Pa	rt VIII, line	1h)		[138009	152719
9	9 Pr	rogram s	ervice revenue (Pa	rt VIII, line	2g)	//		· · · · · · · · · · · · · · · · · · ·		
10) In	vestmen	t income (Part VIII,	column (A	.), lines 3, 4, an	d 701 15 1	\ .			
11	1. O	ther reve	nue (Part VIII, colu	mn (A), line	es 5, 6d, 8c, 9c	, roc. and the	7않/ - [-	(2227)	<u> </u>
12	2 To	tal rever	ue-add lines 8 thr	rough 11 (n	nust equal Rant	VIII, column (A), I	line(P2)		135782	173692
13	3 G	rants and	d similar amounts p	oaid (Part I	X, column-(À), I	ines 1, 30 . 24.16 .	1881		21558	64343
14	4 B	enefits p	aid to or for memb	ers (Part IX	(, columa(A), li	ne)\$)	- Line			
15	5 Sa	alaries, of	her compensation,	employee b	penefits Part IX	, column (A) (lines	5 10			
16	6a Pr	ofession	al fundraising fees	(Part IX, c	neالنزلاء) olumn:	11077				· · · · · · · · · · · · · · · · · · ·
			raising expenses (F				17995			
17			enses (Part IX, colu						95075	123017
18		-	nses. Add lines 13			•	25)		116633	187360
19		•	ess expenses. Sub	•	•	\ <i>'</i> ' '	· _		19149	(13668
		3.01100 1	ло охроносо: осы	tract into 1	0 110111 11110 12			Beginning of C		End of Year
m1 1) Та	ntal acco	ts (Part X, line 16)				ŀ	<u> </u>	86060	
20			ties (Part X, line 10)				'			84549
20 21			or fund balances.	•			· · ·		200	200
20 21) NI.	しょ はつうせい		Jupit dut II	mo e i nom inte		· · · · · ·		85860	84349
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[21		Signatu	re Block			companying echodule	es and etate	ments, and to	the best of m	ny knowledge and belief, it i
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Part	V Checklist of Required Schedules			
,			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	- —	-7-
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			<u> </u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line-16? If "Yes," complete Schedule D, Part VIII	11c		- ✔
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	1	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part	Checklist of Required Schedules (Continued)			
, OO	Did the assessination analysts and as more hospital facilities? If "Voc." complete Schodule H	200	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee?-If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
38	Part VI	38		

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	Yes	No
10	Enter the number reported in Pay 2 of Form 1006 Enter O if not applicable		103	NO
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			ļ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).])
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	ļ	√ _
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├
_ C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			✓.
_		7c	ļ- <u>-</u>	V .
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	 	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:]	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	1	1
11	Section 501(c)(12) organizations. Enter:	1	l	1
а	Gross income from members or shareholders	1	•	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		1	[
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	1
	the organization is licensed to issue qualified health plans	1	İ	1
С	Enter the amount of reserves on hand	 	ļ	
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a	I	ı ./

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Form 99	90 (2017)			age 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (D. See ins	for a structi	"No" ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · · </u>	• •	
Secti	on A. Governing Body and Management		V	Na
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship will any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	ct 3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6 7a		√ √ √
b 8	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body?	's, 7b		✓
a b 9	The governing body?	8a 8b at		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Re		ode.)	
			Yes	No
10a b - 11a	Did the organization have local chapters, branches, or affiliates?	10b	-	√
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes describe in Schedule O how this was done			
13 14 15	Did the organization have a written whistleblower policy?			1
a b 16a	The organization's CEO, Executive Director, or top management official	15b		1
b	with a taxable entity during the year?	ne		/
	on C. Disclosure			
17 18 19	List the states with which a copy of this Form 990 is required to be filed ▶ none Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization in Schedule), 990, and 990-T (Section 6104 requires an organization in Schedule). Check all that apply. □ Own website □ Another's website □ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict o			
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and	d records	:: ▶	

Form 990 (20	017)	Page 7	_

ion A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
					C)					
(A)	(B)	(do n	ot ch		ition more	than c	one	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation from	Estimated amount of
	hours per week (list any	_			_	or/trust	_	from	related	other
	hours for related	or a	nstu	Officer	ê	팔호	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	e cr	utio	Q.	Key employee	98	重	(W-2/1099-MISC)		organization
	below dotted	2 5	nalt		Ş	ğ		}]	and related organizations
	iiie)	Individual trustee or director	Institutional trustee		*	Highest compensated employee]	organizations
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(4) K (8)		ļ								
(1) Kamal Obeid President	0	 -	-		ļ			- (0	0
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Secretary & Treasurer	0			1	Ì	1			o	0
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(9)			1				ŀ			
	 		├	_	├	ļ	┞	_		
(10)		}]							
(11)	 		<u> </u>	-	T	 	\vdash	 		
<u> </u>				<u> </u>	<u>L</u>				<u> </u>	
(12)			Γ							
(10)			-	-	ـــ	<u> </u>				
(13)	 						1			
(14)	<u> </u>			1		 -		<u> </u>		
33						<u> </u>				

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees		nd H C)	lighes	at C	ompensated E	mployees (cont	nueo,	<u>'</u>		
`	45	(B)	İ		-	ation			(5)	(E)		a	F)	
	(A)	Average hours per (do not check more than on box, unless person is both a officer and a director/truster							(D) Reportable	(E) Reportable		-	nated	
	Name and title								compensation	compensation from	···			
		week (list any		-		,		,	from	related			her	_
		hours for related	육호	stitu	Officer	Key employee	ngighe ertgin	Former	the organization	organizations (W-2/1099-MISC)		compe	nsauo n the	A1
		organizations	6 E	访	4	页	st c	9	(W-2/1099-MISC)	(,		organ	zation	
		below dotted line)	ř	ng t		oye	, og	l				and n	elated zation:	
		iiie)	Individual trustee or director	Institutional trustee	ļ	•	S. S.	1				O. ga		•
]	8			Highest compensated employee	l	ļ					
15)										-				
16)						-		-			+-			
				_	_	_		_			-			_
17)														
18)														
19)		-	-	-	 		<u> </u>	-			+			
				<u> </u>	<u> </u>	ļ	<u> </u>	_						
20)			1											
21)												,		
22)			<u> </u>	-		1		_			+-			
23)				-	1	\vdash	ļ	-		 	╁┈			
ω ₎					<u>.</u>	<u> </u>								
24)			ł											
25) -				-		<u> </u>		-		-	1		-	
41-	0.1.1.1	<u> </u>	<u> </u>		L	<u> </u>	L	Ļ	 		┽—			
1b	Sub-total			•	•	•	• •				+			
C	Total from continuation sheets to Part			-	-	-					+			
<u>d</u> 2	Total (add lines 1b and 1c)	t not limite						<u> </u>	the received m	oro than \$100 (<u> </u>			
2	reportable compensation from the organ		ם טו ג	1056	# 113	leu	above	e) w	/110 received III	ore usair \$100,0	,00 01	1		
							 						Yes	No
3	Did the organization list any former o							emp	oloyee, or high	nest compensa	ted			
	employee on line 1a? If "Yes," complete							-			.	3		1
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	on a	and other com	pensation from	the		l	
	organization and related organizations	greater th	an \$	150	,000)? /	f "Ye	s,"	complete Scl	nedule J for si	ıch	[]	ļ	
	individual			•	•	•		•			: .	4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	nsa	tion	fro hadi	m any	y ur	related organi:	zation or individ	ual	5		-
\ A-1		1: 11 163, (Jone	1010		100	216 0 1		such person	<u> </u>	1	3		TÀ
1	on B. Independent Contractors Complete this table for your five highest	companes	had in	den	ond	lont	contr	act	ors that receive	ed more than \$	100.0	വ of		
•	compensation from the organization. Re year.	port compe	ensati	on f	or t	he c	alenc	lar y	year ending wi	th or within the	orgar	nizatio	n's t	ax
	(A)						•		(B) Description of s			(C)	oton	
	Name and business ad	uress		., , <u>-</u>				\vdash		EI AICES		mpens		
							··· ·							
		*						\vdash						
2	Total number of independent contract	ors (includi	na b	ut r	ot	limi	ted to	o ti	hose listed ab	ove) who				

Part VIII		Check if Schedule O contains a re	snonse or note to	any line in this	Part VIII					
		Oncok ii Ochicadic O comains a re	Sporise of Flore R	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514			
इ इ	1a	Federated campaigns 1a								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1t								
s, G	С	Fundraising events 10								
ar /	d	Related organizations 1c					1			
imi	e	Government grants (contributions) 16	,							
i S	f	All other contributions, gifts, grants,		ļ						
ğ Ť		and similar amounts not included above								
400	9	Noncash contributions included in lines 1a-1f. \$								
	h	- Total. Add-lines 1a-1f	<u></u> ▶	152719		ļ				
Program Service Revenue			Business Code		·	ļ	<u> </u>			
8€	2a				······································	 	ļ			
Æ	b		-			 	<u> </u>			
Š	C		- <u> </u>	<u> </u>		<u> </u>	<u></u>			
Š	d		-				<u> </u>			
뙲	е					ļ	ļ			
5	f	All other program service revenue.				<u> </u>	<u> </u>			
	3	Total. Add lines 2a–2f	dende interest			T				
	"	and other similar amounts)				1				
	4	Income from investment of tax-exempt				<u> </u>	 			
	5	Royalties	•			 				
		(i) Real	(ii) Personal							
	6a	Gross rents				ļ				
	b	Less: rental expenses		1						
	c	Rental income or (loss)		1						
	d		<u>.</u> . >							
	7a	Gross amount from sales of (i) Securities	(ii) Other							
-		assets other than inventory								
	b	Less: cost or other basis and sales expenses								
	С	Gain or (loss)	 							
	ď	Net gain or (loss)	•			-				
		recigant or (ross)								
e e	8a	Gross income from fundraising								
Revenue		events (not including \$ 36663				·				
ě		of contributions reported on line 1c).				1				
		See Part IV, line 18	a 36663							
Other	b	Less: direct expenses	b 15690							
0	С	Net income or (loss) from fundraisin	g events . >	20973						
	9a	Gross income from gaming activities.								
		See Part IV, line 19	a							
	b		b							
	С	Net income or (loss) from gaming ac			<u> </u>					
	10a	Gross sales of inventory, less returns and allowances								
	ь		ь							
	С	Net income or (loss) from sales of in								
		Miscellaneous Revenue	Business Code							
	11a									
	b	***************************************				ļ				
	С									
	d	All other revenue					 			
	e	Total. Add lines 11a-11d					<u> </u>			
	12	Total revenue. See instructions.	<u> </u>	173692			- 000			
							Form 990 (2017)			

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. Al	I other organization:	s must complete col	umn (A).
	Check if Schedule O contains a respon				<u> </u>
00 no 8b, 9b	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	21732	21732		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	42611	42611		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	42011	42011		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	11520	5520	3000	3000
b	Legal	145	145		
C	Accounting	518	518		
d	Lobbying				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	22649	20000		2649
12	Advertising and promotion	349	349		
13	Office expenses	13150	7150	2000	4000
14 15	Information technology	7388	3388	2000	2000
16	Royalties	1200	670	CEO	
17	Occupancy	1320	670	650	· · ·
18	Travel	34749	34749	 	·
.0	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings .	4880	4880		
21	Payments to affiliates	440	440		
22	Depreciation, depletion, and amortization .	12174	12174		
23	Insurance	1916	12174	1916	
24	Other expenses. Itemize expenses not covered	1010			
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Pank food	273	173	100	
b	Printing	10346	3000	1000	6346
c	Bad debts	1200	600	600	0340
ď		7200	300		·
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	187360	158099	11266	17995
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2017) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Savings and temporary cash investments Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations_of_section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Assets Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c Investments—publicly traded securities Investments—other securities. See Part IV, line 11 . . . Investments—program-related. See Part IV. line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds .

Total liabilities and net assets/fund balances

Form 99	90 (2017)		Pa	ge_12_
Part			_	
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	· ·	V
1	Total revenue (must equal Part VIII, column (A), line 12)		17	<u> 3692</u>
2	Total expenses (must equal Part IX, column (A), line 25)		18	37360
3	Revenue less expenses. Subtract line 2 from line 1		(1	3668)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		8	35860
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior penod adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			3011
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		8	32849
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	2a		1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	[
b	Were the organization's financial statements audited by an independent accountant?	2b		1
·	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	\		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	-	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		For	, aan	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Employer identification number

OMB No. 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

		ation for investment in Popular Ac			· · · · · · · · · · · · · · · · · · ·			516191		
	rt I							ons.		
'nе		ganization is not a private founda								
1		A church, convention of churc								
2	= 11. 11. 11. 11. 11. 11. 11. 11. 11. 11									
3										
4	. The state of the									
_	hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
- 5 	_			college or university	owned o	or operate	ed by a governmen	tal unit described in		
_	 -	section 170(b)(1)(A)(iv). (Com	•							
6 7		☐ A federal, state, or local goven ☐ An organization that normally	nment or govern receives a subs	mental unit described tantial part of its sup	n section	on 170(b) 1 a gover)(1)(A)(v). mmental unit or fror	n the general public		
		described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)		_		,		
8		A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)					
9		🛘 An agricultural research organ	ization describe	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a	land-grant college		
		or university or a non-land-gra university:	nt college of agr	iculture (see instruction	ons). Ente	er the nar	ne, city, and state o	f the college or		
10		An organization that normally receipts from activities related	to its exempt fu	nctions—subject to c	ertain ex	ceptions.	and (2) no more tha	n 331/2% of its		
		support from gross investment acquired by the organization a	t income and un	related business taxa	ble incon	ne (less s	ection 511 tax) from	businesses		
11		☐ An organization organized and								
12		An organization organized and						my out the purposes		
		of one or more publicly suppo	orted organizatio	ns described in secti	ion 509(a	1)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).		
		Check the box in lines 12a thro						_		
ŧ	1	Type I. A supporting organ	ization operated	, supervised, or contr	rolled by	its suppo	rted organization(s),	typically by giving		
-		the supported organization supporting organization. You	(s) the power to ou must comple	regularly appoint or e ete Part IV, Sections	elect a ma	ajority of t	the directors or trust	tees of the		
Ł)	☐ Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	ion(s), by having		
		control or management of to organization(s). You must	the supporting o complete Part I	rganization vested in V, Sections A and C.	the same	persons	that control or man	age the supported		
C	;	Type III functionally integ its supported organization(rated. A supports) (see instructio	ting organization oper ns). You must comp	rated in c lete Part	onnection	n with, and functiona ions A, D, and E.	ally integrated with,		
c	ı	☐ Type III non-functionally i						orted organization(s)		
		that is not functionally integ	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement ar	nd an attentiveness		
		requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.			
e	•	Check this box if the organ functionally integrated, or T	ization received	a written determinatio	on from t	he IRS th	at it is a Type I, Type	e II, Type III		
f	F	Enter the number of supported of		tionally integrated suf	pporting (organizat	ion.	[<u>-</u>		
		Provide the following information		orted organization(s)				• • [
		Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of		
	• • •	,	(4)	(described on lines 1-10	listed in you	ur governing	support (see	other support (see		
				above (see instructions))	docu	ment?	instructions)	instructions)		
					Yes	No				
4)										
								·····		
3)						:				
C)										
)										
Ξ)				·						

Part	II Support Schedule for Organiza	ations Descri	bed in Secti	ions 170(b)(1	(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked th				•	•	alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, p	ease comple	te Part III.)	
	on A. Public Support	y 					
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and				:		
	membership fees received. (Do not						
_	include any "unusual grants.")	128416	166126	92750	138009	152719	678020
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the	J					
	organization without charge		- · · · · · · · · · · · · · · · · · · ·		-		
4	Total. Add lines 1 through 3	128416	166126	92750	138009	152719	678020
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						678020
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	128416	166126	92750	138009	152719	678020
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				· · · · · · · · · · · · · · · · · · ·		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8171	24944	18862	(3010)	20973	69940
11	Total support. Add lines 7 through 10						747960
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her	re	· . · . · .				> 🗀
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6		•			14	91 %
15	Public support percentage from 2016 Sch					15	93 %
16a	331/3% support test—2017. If the organi						
	box and stop here. The organization qual	•		•			فسنبا
b	331/3% support test—2016. If the organization this box and stop here. The organization				•		•
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circ	-and-circumsta umstances" te	ances" test, chest. The organia	eck this box a zation qualifies	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ation meets the neets the "fact	e "facts-and-d s-and-circums	circumstances' stances" test.	' test, check t The organizati	this box and son qualifies as	top here.
18	Private foundation. If the organization distructions	d not check a l	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

Socti	(Complete only if you checked the lf the organization fails to qualify on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	/(e) 2017	(f) Total
Jaren 1	Gifts, grants, contributions, and membership fees	(a) 2013	(6) 2014	(6) 2013	(u) 2010	// //	(i) Iotar
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise				//	, 	
	sold or services performed, or facilities				l /		
	furnished in any activity that is related to the organization's tax-exempt purpose				/		
3	Gross receipts from activities that are not an				/		
	unrelated trade or business under section 513				//		
4	Tax revenues levied for the				/		
	organization's benefit and either paid to				 		
	or expended on its behalf						
5	The value of services or facilities				/		
	furnished by a governmental unit to the				1/		
	organization without charge				/		
6	Total. Add lines 1 through 5			<i></i>		ļ	
7a	Amounts included on lines 1, 2, and 3			//		}	[
	received from disqualified persons .			ļ		ļ	
b	Amounts included on lines 2 and 3			/	•		
	received from other than disqualified persons that exceed the greater of \$5,000			<i>[</i>			
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b			 		 	
8	Public support. (Subtract line 7c from	,,		<u> </u>		 	
Ū	line 6.)			<i> </i> *			
Secti	on B. Total Support			/			<u> </u>
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014 //	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		/				
10a	Gross income from interest, dividends,		/				
	payments received on securities loans, rents,						1
	royalties, and income from similar sources .					<u> </u>	
b	Unrelated business taxable income (less						•
	section 511 taxes) from businesses	•	/				
	acquired after June 30, 1975		/				
C	Add lines 10a and 10b		/	ļ	<u> </u>		
11	Net income from unrelated business		/				
	activities not included in line 10b, whether		/	•			ļ
40	or not the business is regularly carried on		<u> </u>				ļ
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	/]	1	1		
13	Total support. (Add lines 9, 10c, 11,		l	···-	 	 	
10	and 12.)					<u> </u>	504(-)(0)
14	First five years. If the Form 990 is for the organization, check this box and stop he					ear as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8	#	-				%
16	Public support percentage from 2016 Sch			<u></u>		. 16	%
	on D. Computation of Investment In			U 40	(0)	1 4 7 1	
17	Investment income percentage for 2017 (%
18	Investment income percentage from 2016						% and line
19a	331/3% support tests—2017. If the organian is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organiz	-	-				
D	line 18 is not more than 331/3%, check this						

Support Schedule for Organizations Described in Section 509(a)(2)

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

C4	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	an v.	·)	
Secu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	res	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	·	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			\vdash

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		ļ
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	- 	<u> </u>
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ļ.		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<u> </u>		
Section	on C. Type II Supporting Organizations	2	L	<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Saction	on D. All Type III Supporting Organizations	1	L	l
Occur	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			ļl
•		1		ļ ₁
2 -	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Section	on E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	CTION	S).
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	ions).
_				,
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		L.,
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A	(Form	990 or	990-EZ	2017
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	gani	zations	
. 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru nizat	st on Nov. 20, 1970 (expions must complete Sections	lain in Part VI). See tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	<u>l</u> .		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	······································	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	······································	
4 Enter greater of line 2 or line 3.	4	/ // // // // // // // // // // // // /	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

		_
Pag	•	7

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		<u></u>	
7_	Total annual distributions. Add lines 1 through 6.			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	<u>, , ,</u>		
	Distributable amount for 2017 from Section C, line 6			
.10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	-		
4	Distributions for 2017 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.		······································	
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A.	Form 990 or 990-EZ) 2017
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE-D — (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

20**17**

Open to Public Inspection

Employer identification number

Association for Investment in Popular Action Committees 20-5516191 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used ĥ only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certifled historic structure included in (a) . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

	e D (FORT1990) 2017							Page Z
Part								
· 3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and of	ther recor	ds, chec	k any of the f	ollov	ving that are a sig	inificant use of its
а	☐ Public exhibition		d [Loan	or exchange _l	orogi	ams	
b	☐ Scholarly research		e	Other	_	_		
	☐ Preservation for future generations							
4	Provide a description of the organization	on's collections	and expla	in how th	hev further the	e ora	anization's exem	nt nuroose in Part
•	XIII.		aria oxpia		,	J 0.9	@12220110 0X0111	pt pai page iii i are
5	During the year, did the organization s							
	assets to be sold to raise funds rather t		ained as p	art of the	organization	S CO	llection?	☐ Yes ☐ No
Part								
	Complete if the organization a	answered "Yes	on Fon	n 990, F	Part IV, line 9	, or	reported an am	ount on Form
	990, Part X, line 21.							·····
1a	Is the organization an agent, trustee,					~ -		
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Par	rt XIII and compl	ete the fo	llowing ta	able:			
		•		•			Am	nount
С	Beginning balance					10	·	
d	Additions during the year					1d		
						1e	 	
e	Distributions during the year					1f	 	
f	Ending balance							
2a	Did the organization include an amount							
	If "Yes," explain the arrangement in Par	rt XIII. Check her	e if the ex	pianatio	n nas been pr	ovide	ed on Part XIII.	· · · · · · · · · · · · · · · · · · ·
Par						_		
	Complete if the organization a							r
		(a) Current year	(b) Pro	or year	(c) Two years b	ack	(d) Three years back	(e) Four years back
1a	Beginning of year balance	······································						
b	Contributions							
C	Net investment earnings, gains, and							
	losses		ľ			İ		
d	Grants or scholarships							
_ e	Other expenditures for facilities and				7			
•	programs				İ	- 1		ļ
	· -							
f	Administrative expenses		_				····	
g	End of year balance			n· 4	L			<u> </u>
2	Provide the estimated percentage of th			e (line 1g	i, coiumn (a)) r	neia a	as:	
a	Board designated or quasi-endowment	t >	%					
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2	c should equal 1	00%.					
3a	Are there endowment funds not in the	possession of the	he organi:	zation tha	at are held an	d ad	ministered for the	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
								3a(ii)
ь	If "Yes" on line 3a(ii), are the related org		l as requi	red on So	chedule R?			3b
4	Describe in Part XIII the intended uses					•		<u> </u>
Part			0 01140					
Fait	Complete if the organization		" on For	m aan 1	Part IV line 1	10	See Form 990 I	Part Y line 10
					or other basis		Accumulated	(d) Book value
	Description of property	(a) Cost or o			or other basis other)		epreciation	(a) book value
		· · · · · · · · · · · · · · · · · · ·						
1a	Land	<u> </u>						
b	Buildings	<u> </u>						
С	Leasehold improvements							
d	Equipment		24600				12174	12426
е	Other							
Total	Add lines 1a through 1e (Column (d) mi	ust equal Form 9	90 Part)	Column	(R) line 10c) .		12426

Part VII	Investments—Other Securiti				
	Complete if the organization a	nswered "Yes" on Fo	rm 990, Part IV, Iir	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or cate (including name of security)	gory	(b) Book value		nod of valuation: -of-year market value
(1) Financial	derivatives				,
(2) Closely-I	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
(F)					- ' '
(G)			<u></u>		
— (H)					
	b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>		
Part VIII	Investments—Program Rela				
	Complete if the organization a			ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment	!	(b) Book value		hod of valuation: -of-year market value
(1)					
(2)					· · · · · · · · · · · · · · · · · · ·
(3)					
(4)		" 		 	······································
(5)					
(6)		·			
(7)					
(8)					
(9)	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.		<u> </u>		
Partix	Complete if the organization a	neworod "Voe" on Eo	m 000 Port IV lir	o 11d Coo Form	000 Port V line 15
	Complete it the organization a	(a) Description	1111 990, Fart-IV, III	ie i iu. See Foiiii	(b) Book value
(1)		(a) Doscription			(b) Book Value
(2)			· * ·- ·		
(3)	······································				
(4)			· · ·····		
(5)					·····
(6)	······································				
(7)	······································				
(8)			·		
(9)	······································	· ··· · · · · · · · · · · · · · · · ·			
Total. (Colu	mn (b) must equal Form 990, Part X	, col. (B) line 15.)			
Part X	Other Liabilities.	<u> </u>			······································
	Complete if the organization a	nswered "Yes" on Fo	rm 990, Part IV, lir	ne 11e or 11f. See	Form 990, Part X,
	line 25.		•		•
1.	(a) Description of liability	(b) Book value		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.)				
2. Liability for	uncertain tax positions. In Part XIII, pr	ovide the text of the footr	ote to the organizatio	n's financial stateme	nts that reports the

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents V	Vith Revenue per	Return	
	Complete if the organization answered "Yes" on Form 990,	Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	·	_	
b	Donated services and use of facilities	2b		1	
C	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIII.)	2d	····		
e	•	• •		2e	
3	Subtract line 2e from line 1	i . 1	· · · · · · · ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1 1	
a k	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b		1 1	
b b	Add lines 4a and 4b	40		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	``` - ` `	5	
Part					m.
	Complete if the organization answered "Yes" on Form 990,			or riota,	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				· · · · · · · · · · · · · · · · · · ·
а	Donated services and use of facilities	2a			
р	Prior year adjustments	2b		7	
С	Other losses	2c]	
d	Other (Describe in Part XIII.)	2d]	
е	g			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	Other (Describe in Part XIII.)	4b		 	
C				4c	
5 Post	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 10.)	· · · · · · · · · · · · · · · · · · ·	5	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d A· Pa	rt IV lines 1h and 2h	· Part V	line A: Part Y line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
·		•	•		
					~~~~
<del>-</del> -					

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
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		***************************************
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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SCHEDULE F (Form 990)

Statement-of-Activities-Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No.-1545-0047-

2017

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42611

Department of the Treasury Internal Revenue Service

Sub-total

Total from continuation sheets to Part i Totals (add lines 3a and 3b)

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number Association for Investment in Popular Action Committees** 20-5516191 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ☑Yes □No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of offices in the (c) Number of (e) If activity listed in (d) is (a) Region (d) Activities conducted in the (f) Total region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) employees, agents, and a program service, describe specific type of expenditures for and investments region independent service(s) in the region in the region contractors in the region (1) Syria 0 0 research/publishing 20000 (2) Occupied Palestinian Territorie 0 0 program service video documentation 12431 (3) UK 0 0 conference sponsorship 1500 (4) Occupied Palestinian Territorie 0 1 program service witness & advocacy 8680 (5) (6)(7) (8) (9) (10)(11)(12)(13)(14) (15)(16)(17)

Schedule F (Form 990) 2017

Page (i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99 12431 cameras & accessorles purchase price (h) Description of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed (g) Amount of noncash assistance 1500 Electr funds transfer 6430 Electr funds transfer (f) Manner of cash disbursement (e) Amount of cash grant Occupied Palestine Monitor human rights (d) Purpose of grant Occupied Palestine Human rights Conference (c) Region ¥ (b) IRS code section and EIN (if applicable) (a) Name of organization Part II 5 <u>=</u> 12 4 (3) 3 (16) N € <u>0</u> 9 E <u>®</u> <u>6</u>

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

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Schedule F (Form 990) 2

Schedule F (Form 990) 2017

Page (h) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Part III can be duplicated if additional space is needed. (g) Description of noncash assistance (f) Amount of noncash assistance 20000 Electr funds transfe 2250 Electr funds transfe (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients N Occupled Palestine (b) Region Syrla (a) Type of grant or assistance (1) Research/publishing (2) Children's Festival Part III (13) ල (00 3 9 ϵ <u>®</u> 6) (11) (12) (14) (15)(16) (18)

Schedule F (Form 990) 2

	Schedule i	F (Form	990)	2017
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Page 4

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No
		Schedule F /Fo	900\ 2017

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Go to www irs any/Form990 for the latest instructions

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	of the organization	Go to www	v.irs.gov/Form	990 for the la	nest instructions.	Employer identific	Inspection
	clation for investment in Popular Act	ion Committees				' '	5516191
Par		Complete if the	ne organiza	ation ansv	vered "Yes" on I	orm 990, Part IV,	line 17.
	Form 990-EZ filers are no						
1	Indicate whether the organization	n raised funds					
a	✓ Mail solicitations				ion of non-govern		
b	Internet and email solicitation	ns	f		ion of government	_	
C	☐ Phone solicitations		g L	J Special 1	fundraising events	5	
d 2a	In-person solicitationsDid the organization have a writt	on or oral agra	omont with	ony individ	tual (including offi	aana diraatana tuust	
	or key employees listed in Form	990. Part VII) o	r entity in co	any individ	with professional f	tundraising services	Yes 🗌 No
- b	If "Yes," list the 10 highest paid						
	compensated at least \$5,000 by			, ,			
	63 Norman and address of radioadust		(iii) Did fun	draiser have	5.0	(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	r control of outlons?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
			<u> </u>			col. (i)	Organization
			Yes	No	4]
1					1		· ·
2			 			······································	
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4							
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Γotal				•			
3	List all states in which the organ	nization is regis	stered or lic	ensed to s	olicit contribution	s or has been notific	ed it is exempt from
	registration or licensing.						
					.,,		

Pa	rt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
		g-out root, pro ground, and	(a) Event #1 sale-crafts/olive oil (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	36663			36663
L	2 3	Less: Contributions Gross income (line 1 minus line 2)	36663			36663
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .	15690			15690
	10 11	Direct expense summary. Ac Net income summary. Subtra				15690 20973
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answer			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				···
Direct E	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
g	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states	s?	🗌 Yes 🗌 No
10		ere any of the organization's g "Yes," explain:	_	-	ated during the tax year	

Schedu	le G (Form 990 or 990-EZ) 2017 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13 a b 14	Indicate the percentage of gaming activity conducted in: The organization's facility
	Name ►
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
	Name ►
	Address►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	□Director/officer - □ Employee - □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
 -	

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance

Association for investment in Popular Action Committees

Part |

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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20-5516191

OMB No. 1545-0047

Inspection **Employer identification number** ► Go to www.irs.gov/Form990 for the latest information.

1 Does the organization maintain records to substantiate	ain records to sub	stantiate the amor	unt of the grants or	assistance, the or	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance and	a grants or assistance	pue e
	award the grants	or assistance?					
Desc	nization's procedul	es for monitoring	the use of grant fur	nds in the United 8	States.	·	
Grants and Other Assistance to Domestic	ssistance to Do	mestic Organiz	rations and Dom	estic Governm	ents. Complete if the	e organization answ	Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form
990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	tor any recipient	that received m	ore than \$5,000.	Part II can be du	plicated if additiona	Il space is needed.	
1 (a) Name and address of organization or government	NE (9)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GLACTS Foundation							
483 17th St. #2a, Brooklyn, NY 11215	36-3039725		19182				
(2) 4 Dore Productions							rst americinent protection
1443 E Washington #135, Pasadena,			2500				distance of the factor of the
(3) Petaluma Progressives							nunan ignis media
P.O. Box 445, Petaluma, CA 94953			20			-	occure extension
(4)							Piograpaive causes
(5)			_				
			-				
(9)			_				
7.7							
(8)							
			-			-	
(6)							
(10)						_	
			-				
(11)							
(12)			-				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	ernment organizat	ions listed in the lir	ne 1 table			_
s criter total number of other organizations listed in the line 1 table	rganizations listed	in the line 1 table					2
For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instructions	for Form 990.		Š	Cat. No. 50055P		Of the desired of the state of

Schedule I (Form 990) (20

Cat. No. 50055P

Schedule I (Form 990) (20 (f) Description of noncash assistance We monitor the production of grantees, receive reports, and communicate with them for answers t questions that are not otherwise covered vy the production and reports. Members Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance of the organization are responsible for maintaining contact in order to assure that grant expectations are met. (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2017) Part IV Part I N က Ŋ 9

Pag

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ-

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

20**17**

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Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 20-5516191 **Association for Investment in Popular Action Committees** Form 990, Part III, Line 1 - Organization Mission The Association is an all volunteer membership organization established to help our community, regardless of religion, race or political beliefs, become more aware of international human rights and social justice issues that are the key to a sustainable peace in the world. Form 990, Part VI, Line 11b - Form Review Process No review was or will be performed. However all officers and corporate financial personnel receive a copy of the submitted Return. Form 990, Part Vi, Line 19 - Other Organization Documents Publicly Available The Association makes public all documents that are legally required to be public and sometimes others on a case by case basis. Form 990, Part XI, Line 9 Other changes in net assets or fund balances. \$3011 of damaged equipment and supplies were disposed of.